

# **Wisconsin eHealth Care Quality and Patient Safety Board Governance Workgroup**

**Final report**  
**November 22, 2006**

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## Table of Contents

<b>Executive Summary .....</b>	<b>3</b>
<b>I. Background .....</b>	<b>6</b>
<b>II. Discussion and Recommendations .....</b>	<b>6</b>
<i>A. Research about other states and national recommendations for statewide health information exchanges .....</i>	<i>6</i>
<i>B. Proposed structure for eHealth governance beginning in 2007, building on the existing health information infrastructure in Wisconsin and national development .....</i>	<i>9</i>
Alignment with national efforts.....	9
Wisconsin developments .....	10
Board membership and committee structure .....	10
eHealth Board of the future .....	11
Legislative involvement.....	12
<i>C. Legal barriers and incentives associated with various governance models .....</i>	<i>14</i>
<i>D. Communications and marketing plans .....</i>	<i>14</i>
<b>III. Next steps .....</b>	<b>16</b>
<b>Attachments.....</b>	<b>17</b>
Attachment 1: Grid of existing Wisconsin health information initiatives .....	18
Attachment 2: Detailed description of the proposed eHealth workgroups including this picture of the proposed governance structure.....	37

## **Executive Summary**

The Governance Workgroup was created by the eHealth Care Quality and Patient Safety Board in May 2006 to develop an organizational and governance structure for statewide health information exchange and to assure good communication across stakeholders about the eHealth initiative and expected benefits.

To implement a workable statewide HIE in the next five years, the project should have a credible identity and a means to dispose of the many problems, questions, obstacles, and differences of opinion that will surely arise. This requires a coherent structure so that there is coordinating authority and a home for problems.

Provider and public acceptance, support, and funding are essential. The state will have a much better chance of getting acceptance and support (particularly federal support) if it is clear that a single entity with a diverse board of all key stakeholders (including the state) has responsibility and accountability for the HIE/HIT initiative.

An incremental process is anticipated as Minnesota, Arizona and other states have done. This is a new enterprise still in its formative stage, it will take time to stabilize, and it is important to assure coherence and accountability so that plans can be executed. While this is all still in the formative stages, a diverse board of key stakeholders (namely the existing eHealth Board) is needed to retain overall responsibility and standing committees of the Board should be established to attend to the key functions.

The buy-in and ownership of the Legislature are needed as this initiative moves forward. At some point enabling legislation should be pursued – it need not be prescriptive and should provide some funding. If there is legislation it would be most helpful if it is very general instead of specific about things such as committee structure so there is flexibility to respond to new issues.

While it is important to build from work being done nationally, there is excellent work underway in Wisconsin that should not be slowed down while waiting for federal action. There are now many significant initiatives underway in Wisconsin to leverage health information to improve the quality and safety of health care. Some of the Wisconsin organizations are far ahead of what other states are trying to do and it is important to build from this base.

There is real added value to convene leaders, align interests, build synergy about how these various initiatives can come together and to take ownership of the goals for health information exchange so that there is a coordinated and systematic approach to improving health care quality and safety and reducing health care costs. This will build on the strengths that exist in Wisconsin and apply the best information available from around the country. The private-sector people who have acquired practical experience should be invited to guide development of the new statewide HIE to avoid “re-inventing the wheel” and build on what has already been done.

A pluralistic representative board with structured workgroups is a workable structure. While a large and diverse board is desirable in terms of broad stakeholder representation, implementation can be problematic under a large board. Therefore it is also important to have an executive committee whose members are committed to implementation and smaller subunits to oversee implementation (operations) and other key functions.

The committee structure that the eHealth Board established to develop the *Action Plan* for the Governor has worked very well and should form the basis for the future structure, with appropriate adjustments to reflect the move to implementation mode.

### ***Summary of Recommendations***

Recommendation #1: Establish a governance structure under the leadership of the current eHealth Board to oversee the implementation of the *eHealth Action Plan*.

Recommendation #2: Review the current composition of the Board to determine if there is appropriate representation of stakeholder expertise and views for the implementation phase and if not, recommend to the Governor additional stakeholder groups to be represented on the Board.

Recommendation #3: Create five committees reporting to the eHealth Board to begin work in January 2007:

- Executive Committee
- Patient Care Advisory Group
- Consumer Interests and Privacy Advisory Group
- Public Health Advisory Group
- Statewide Health Information Exchange Advisory Group

Recommendation #4: Assign state staff to provide or contract for specific statewide services in support of Health Information Technology (HIT) and Health Information Exchange (HIE), including these functions:

- Represent the interests of all citizens;
- Convene, educate and facilitate public and private health information initiatives;
- Administer funding;
- Remove barriers to health information exchange;

## eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD

### Governance Workgroup

Final Report November 7, 2006

- Set statewide HIE policy and standards, including policies for HIT adoption;
- Align health information initiatives within state government;
- Provide technical assistance to local and regional HIE efforts;
- Serve as bridge to National Health Information Network (NHIN) and to other states;
- Monitor developments with the many public and private health information initiatives underway to identify opportunities for collaboration and to minimize redundancy;
- Develop and implement a communications and marketing plan;
- Staff the eHealth Board and its committees; and
- Support technology operations that are statewide in scope (based on recommendations of the Information Exchange Workgroup).

Recommendation #5: Align the assignments to these workgroups with the national agenda and work of the American Health Information Community (AHIC) so that Wisconsin is poised to act as national standards and prototypes are readied.

Recommendation #6: Align interests and work activities under the leadership of the eHealth Board across the significant health information initiatives that are underway or that will develop in Wisconsin to assure a coherent, whole system approach to change.

Recommendation #7: Include language in the 2007 – 2009 Governor’s Budget to:

- express the support of the Legislature for the goal of delivering health care that is safe, effective, patient-centered, timely, efficient and equitable;
- charge the eHealth Board with the responsibility to lead the implementation of the *Wisconsin eHealth Action Plan*, which identifies the strategies and steps to be undertaken over the next five years to leverage health information technology and exchange to improve the quality and reduce the cost of health care in Wisconsin;
- require an annual report from the Board to the Legislature as well as the Governor; and
- direct the Department of Health and Family Service (DHFS) to provide staff support to the eHealth Board and its operations.

Recommendation #8: Conduct an annual assessment of the strengths and weaknesses of the governance structure and recommend changes if needed to assure an effective and responsive structure and to make assignments for the coming year.

Recommendation #9: Once the eHealth Implementation Plan is approved, address legal implications of the governance structure including the specific authority of government and operating rules for the eHealth Board to provide clarity on respective roles, including authority to

execute contracts and apply for grants. Also explore issues associated with liability protections for RHIOs to minimize risk.

Recommendation #10: Develop a communications and marketing plan early in 2007 using models available from national organizations and other states; assign responsibilities related to the plan to the Operations staff, under the direction of the Statewide Health Information Exchange Advisory Group. Create opportunities for joint sessions with CEOs and CIOs of health care provider organizations as part of this communications plan.

## **I. Background**

The Governance Workgroup was created by the eHealth Care Quality and Patient Safety Board in May 2006 to develop an organizational and governance structure for statewide health information exchange and to assure good communication across stakeholders about the electronic health initiative and expected benefits.

The group was convened in August 2006 – three months later than the other groups – so that it could base its work on preliminary recommendations from the other workgroups.

## **II. Discussion and Recommendations**

The Board asked this group to research developments in other states, consider how best to build on existing assets in Wisconsin, identify legal barriers and incentives associated with various governance models, and lay out a framework for a communications plan about eHealth.

### ***A. Research about other states and national recommendations for statewide health information exchanges***

Background reviewed by the workgroup members included:

- Wisconsin stakeholder survey results;
- Preliminary workgroup reports to the eHealth Board on August 3, 2006 from the other four workgroups;
- Consensus standards on governance for statewide health information exchanges developed by the American Health Information Management Association (AHIMA);
- eHealth Initiative *Tool Kit on Organization and Governance*;
- Connecting for Health Report: *Financial, Legal and Organizational Approaches to Achieving Electronic Connectivity in Healthcare*; and

- Arizona and Minnesota recommendations for statewide governance.

*Selected highlights*

***American Health Information Management Association (AHIMA) Consensus Standards:***

The Office of the National Coordinator for Health IT in the Department of Health and Human Services funded a contract with the American Health Information Management Association (AHIMA) in the spring of 2006 to develop consensus standards on governance, financing and information exchange policies for statewide health information exchanges. (They define a statewide health information exchange as... “A health information exchange initiative or organization that is statewide in scope and involves some form of public-private collaboration, partnership or governance.”) Their preliminary report was available to the Governance Workgroup when it started its discussions in August and the final report was also reviewed for guidance.<sup>1</sup>

A key finding of this research is that there is not a one-size-fits-all model. Each state needs to figure out what its organization will do based on mission and then can decide who should be involved. As reported in the Executive Summary of the Final Report: “The project examined nine state-level HIE initiatives at various stages of development; in different regions of the country; and with different state economic, demographic and healthcare market characteristics. The importance of state-level HIE initiatives and roles that can only be assumed by a state-level entity were spot-lighted through this work. State-level HIEs can be the bridge between communities, neighboring states, and nationwide initiatives. They can set HIE policy and standards and ensure alignment of laws and regulations. They can provide HIE services, or they can provide technical assistance and support to local entities who provide these services. They can also help catalyze health information improvements in state governmental agencies, a need that has not been widely acknowledged. State government is a stakeholder as a payer, employer, provider, regulator, and public health authority.”

The nine states profiled in this report are California, Colorado, Georgia, Indiana, Maine, Massachusetts, Rhode Island, Tennessee and Utah.

The report notes that barriers - reflecting the pioneering nature of this work and the challenge of building a sustainable multi-stakeholder organization - include:

- Securing funding for start-up, organization building and to sustain organizations over time;

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<sup>1</sup> Development of State Level Health Information Exchange Initiatives. Final Report. Foundation of Research and Education of American Health Information Management Association. September 1, 2006.

- Lack of consensus on the most effective role for state government in HIE and lack of coordination across state agencies;
- Minimal participation and support from private payers;
- Non-aligned stakeholder interests; and
- No roadmap for how state-level HIE relates to federal Nationwide Health Information Network (NHIN) programs or how contiguous states should relate to one another regarding HIE.

Key recommendations of this study include:

1. Institute mechanisms to promote strategic synergy between state and federal HIE agendas and initiatives (DHHS is now contracting with the National Governors Association for this purpose);
2. Identify salient financial models for sustainable HIE that state-level HIE initiatives can apply;
3. Conduct analysis to understand and leverage the role and influence of public and private payers in advancing HIE initiatives and recommend approaches for engaging payers; and
4. Explore public – private partnership models that strike the appropriate balance of state government involvement and private sector interests to accelerate statewide HIE.

### ***eHealth Initiative***

This is a national organization that has developed a *Toolkit* for members that include an *Organization and Governance Module*. It includes sample forms, samples of agreements such as articles of incorporation, general guidance, and features of successful health information exchanges. This organization is also available to provide technical assistance upon request and has provided assistance to a number of states in development of statewide eHealth road maps. A recent publication reports on the results of their survey of state and regional health information exchange initiatives ([www.ehealthinitiative.org](http://www.ehealthinitiative.org)).

### ***Minnesota and Arizona***

In addition to the nine states profiled in the AHIMA report, these two states have developed recommendations for statewide governance and both have a charge from the state's Governor very similar to the Executive Order that created the Wisconsin eHealth Board. Minnesota's plan was issued in 2005 and Arizona's in April 2006.



Both states are now moving leadership for the state's eHealth initiative from a Governor-appointed board established on a time-limited basis to develop the state's roadmap to a newly created nonprofit organization, and both have generally the same group of stakeholders represented in the new governance structure.

### ***Markle Foundation Toolkit***

A report issued in 2004 from the Working Group on Financial, Organization and Legal Sustainability for Health Information Exchange convened by this foundation provides an analysis of the legal and organizational issues and barriers to health information exchange and a financial analysis of the business case for adoption of health information technology especially by small to medium physician practices. After review it was determined that this will be most useful on HIT adoption issues and was shared with the Patient Care and Financial workgroups for consideration.

### ***B. Proposed structure for eHealth governance beginning in 2007, building on the existing health information infrastructure in Wisconsin and national development***

#### *Alignment with national efforts*

Very clear standards are needed for health information exchange and the state needs to align with national standards. The national strategy calls for federal agencies to collaborate with private stakeholders in developing and adopting architecture, standards, a certification process and a method of governance for the ongoing implementation of health IT. The American Health Information Community (AHIC) was created in August 2005 by Secretary Leavitt of the federal Department of Health and Human Services (DHHS) to be the forum to bring these groups together. Six workgroups have been created and it will be very important that Wisconsin aligns its work with the expected developments at the national level –in terms of both content and timing.

The AHIC is to advance and develop recommendations for these issues:

- Protection of health information through appropriate privacy and security practices;
- Ongoing harmonization of industry-wide health IT standards;
- Achievement of an Internet-based nationwide health information network that includes information tools, specialized network functions and security protections for interoperable health information exchange;
- Acceleration of interoperable electronic health record (EHR) and personal health record (PHR) adoption across the broad spectrum of health care providers;
- Compliance certification and inspection processes for EHRs;

- Identification and prioritization of breakthrough initiatives for which health IT is valuable, beneficial and feasible (a breakthrough is defined as..."The use of health information technology that produces a tangible and specific value to the health care consumer and that can be realized within a 2-3 year period"); and
- Policy and technical barriers to breakthrough initiatives.

### *Wisconsin developments*

At the same time as these national developments progress, there is excellent work underway in Wisconsin that should not be slowed down while waiting for federal action. There are now many significant initiatives underway in Wisconsin to leverage health information to improve the quality and safety of health care. Some of the Wisconsin organizations are far ahead of what other states are trying to do and it is important to build from this base.

An inventory of these initiatives has been created to help inform the discussion of the eHealth workgroups, to show the scope of work already underway, to support recommendations about how best to build from this base and to help DHFS identify what components of the state's health information agenda should be included in an application for Medicaid Transformation Grant funding for the next two years. (This application was submitted 10/2/06.) Attachment 1 provides a brief summary of these initiatives including the organization's plans for the next five years to coincide with the timing of the eHealth five-year plan.

### *Board membership and committee structure*

There is real added value to convene leaders, align interests, build synergy about how these various initiatives can come together and to take ownership of the goals for health information exchange so that there is a coordinated and systematic approach to improving health care quality and safety and reducing health care costs. This will build on the strengths that exist in Wisconsin and apply the best information available from around the country. The private-sector people who have acquired practical experience should be invited to guide development of the new statewide HIE to avoid "re-inventing the wheel" and build on what has already been done.

A pluralistic representative board with structured workgroups is a workable structure. While a large and diverse board is desirable in terms of broad stakeholder representation, implementation can be problematic under a large board. Therefore it is also important to have an executive committee whose members are committed to implementation and smaller subunits to oversee implementation (operations) and other key functions.

The committee structure that the eHealth Board established to develop the *Action Plan* for the Governor has worked very well and should form the basis for the future structure, with appropriate adjustments to reflect the move to implementation mode. Patient Care, Information Exchange, and Consumer Interests and Privacy committees should be maintained, with finance

issues handled by the Executive Committee instead of maintaining a separate Financing Committee.

A new Public Health Committee should be created to assure that public health interests are well-represented as implementation begins. This is intended to be a broader focus than governmental public health – it is defined as the science and art of promoting health, preventing disease and prolonging life through organized efforts of society. Examples are the science and practice of protecting and improving the health of a community through preventive medicine, health education, control of communicable diseases, application of sanitary measures and monitoring of environmental hazards.

*eHealth Board of the future*

In some states the equivalent of the Wisconsin eHealth Board is designed to dissolve after submitting their “roadmaps”. This is not the case in Wisconsin where the eHealth Care Quality and Patient Safety Board was created as a permanent entity. In some other states, structures exist that seem to hold state government at a considerable arm’s length. In Minnesota, the not-for-profit entity responsible for HIE implementation and deployment has no direct line of reporting to the state’s eHealth Board. The key participants feel that they are all agreed on what needs to be done and that a line of reporting is therefore not necessary.

A project of this size and scope has no chance of succeeding absent a coherent structure that circumscribes all key functions, explicitly defines duties, and has clear accountabilities. The key functions include not only operations (implementation and deployment) but also compliance, fund-raising, communication and marketing, population health, monitoring of various stakeholders’ needs and interests, and connecting with related entities like the Wisconsin Collaborative for Healthcare Quality (WCHQ) and the Wisconsin Health Information Organization (WHIO).

If a workable statewide HIE is to be implemented in the next five years, the project should have a credible identity and a means to dispose of the many problems, questions, obstacles, and differences of opinion that will surely arise. This requires a coherent structure so that there is coordinating authority and a home for problems.

Provider and public acceptance, support, and funding is essential. The state will have a much better chance of getting acceptance and support (particularly federal support) if it is clear that a single entity with a diverse board of all key stakeholders (including the state) has responsibility and accountability for the HIE/HIT initiative.

An incremental process is anticipated as Minnesota has done. It is helpful to have a national template to work from and the building block concept described in the AHIMA workbook is also helpful – as problems are identified, devote energy to addressing them. It is assumed there will be natural evolution in governance over time and that the eHealth Board may not exist in the future. In the meantime this is a new enterprise still in its formative stage, it will take time to stabilize, and it is important to assure coherence and accountability so that plans can be executed.

When all providers have electronic records, when the questions and problems around a statewide HIE have been solved, when there is general confidence and trust in the content and security of the system, and when funding is self-sustaining it would make sense to down-size the Board or spin it off to a third-party not-for-profit. In the meantime, while this is all still in the formative stages, a diverse Board of key stakeholders (namely the existing eHealth Board) is needed to retain overall responsibility and standing committees of the Board should be established to attend to the key functions.

### *Legislative involvement*

The buy-in and ownership of the Legislature are needed as this initiative moves forward. eHealth should be viewed in a bipartisan, positive way and not dependent upon the outcome of a particular election. At some point enabling legislation should be pursued – it need not be prescriptive and should provide some funding. If there is legislation it would be most helpful if it very general instead of specific about committee structure so there is flexibility to respond to new issues.

In terms of the composition of the governing board, it should be well-balanced with all key stakeholders represented. There should be consideration of recruiting new members, including legislators and commercial payers. Other gaps in membership that have been identified are long-term care providers, oral health, and pharmacy representatives.

### *Recommendations*

**Recommendation #1:** Establish a governance structure under the leadership of the current eHealth Board to oversee the implementation of the *eHealth Action Plan*.

**Recommendation #2:** Review the current composition of the Board to determine if there is appropriate representation of stakeholder expertise and views for the implementation phase and if not, recommend to the Governor additional stakeholder groups to be represented on the Board.

**Recommendation #3:** Create five committees reporting to the eHealth Board to begin work in January 2007:

- Executive Committee
- Patient Care Advisory Group
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- Public Health Advisory Group
- Statewide Health Information Exchange Advisory Group

**Recommendation #4:** Assign state staff to provide or contract for specific statewide services in support of Health Information Technology (HIT) and Health Information Exchange (HIE), including these functions:

- Represent the interests of all citizens;
- Convene, educate and facilitate public and private health information initiatives;
- Administer funding;
- Remove barriers to health information exchange;
- Set statewide HIE policy and standards, including policies for HIT adoption;
- Align health information initiatives within state government;
- Provide technical assistance to local and regional HIE efforts;
- Serve as bridge to National Health Information Network (NHIN) and to other states;
- Monitor developments with the many public and private health information initiatives underway to identify opportunities for collaboration and to minimize redundancy;
- Develop and implement a communications and marketing plan;
- Staff the eHealth Board and its committees; and
- Support technology operations that are statewide in scope (based on recommendations of the Information Exchange Workgroup).

**Recommendation #5:** Align the assignments to these workgroups with the national agenda and work of the American Health Information Community (AHIC) so that Wisconsin is poised to act as national standards and prototypes are readied.

**Recommendation #6:** Align interests and work activities under the leadership of the eHealth Board across the significant health information initiatives that are underway or that will develop in Wisconsin to assure a coherent, whole-system approach to change.

**Recommendation #7:** Include language in the 2007 – 2009 Governor’s Budget to:

- Express the support of the Legislature for the goal of delivering health care that is safe, effective, patient-centered, timely, efficient and equitable;
- Charge the eHealth Board with the responsibility to lead the implementation of the *Wisconsin eHealth Action Plan*, which identifies the strategies and steps to be undertaken over the next five years to leverage health information technology and exchange to improve the quality and reduce the cost of health care in Wisconsin;
- Require an annual report from the Board to the Legislature as well as the Governor; and
- Direct the Department of Health and Family Service (DHFS) to provide staff support to the eHealth Board and its operations.

**Recommendation #8:** Conduct an annual assessment of the strengths and weaknesses of the governance structure and recommend changes if needed to assure an effective and responsive structure and to make assignments for the coming year.

### ***C. Legal barriers and incentives associated with various governance models***

Once a decision is made on future governance structure and on details of how health information exchange will be implemented, the issues associated with legal barriers and incentives can be explored. There are excellent national resources to do so through the Markle Foundation and the eHealth Initiative and there are other Governor-appointed boards that have developed bylaws (such as the Public Health Council) that can provide a model for the eHealth Board.

**Recommendation #9:** Once the eHealth Implementation Plan is approved, address legal implications of the governance structure including the specific authority of government and operating rules for the eHealth Board to provide clarity on respective roles, including authority to execute contracts and apply for grants. Also explore issues associated with liability protections for RHIOs to minimize risk.

### ***D. Communications and marketing plans***

There is a clear need for a communications and marketing plan for a statewide eHealth initiative that was recognized by both the Governance and the Consumer Interests Workgroups. Several models were researched including Arizona, California and Minnesota. Also the national eHealth Initiative is developing a model that will be available for use in the next few months.

Both Arizona and Minnesota staff emphasized the importance of creating a plan and following it. Arizona has placed a priority in their first year of implementation of their eHealth Roadmap on a marketing and education plan, assuming that these functions will be absorbed into a permanent governance structure once established.<sup>2</sup> This was viewed as critical to maintain the project

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<sup>2</sup> Arizona Health-e Connection Roadmap. [www.azgita.gov/tech\\_news/2006/Arizona%20Health-e%20Connection%20Roadmap.pdf](http://www.azgita.gov/tech_news/2006/Arizona%20Health-e%20Connection%20Roadmap.pdf). April 4, 2006.

momentum, to generate additional enthusiasm at regional and local levels and to maintain resources to respond to public inquiries and public relations opportunities.

1. Activities to be included in the Arizona marketing plan include:
  - a. Developing standard presentations;
  - b. Establishing and training a speakers bureau;
  - c. Establishing a media contact;
  - d. Developing a media plan;
  - e. Distributing a quarterly newsletter;
  - f. Reaching out to key stakeholders;
  - g. Maintaining a contact database; and
  - h. Creating a Web portal.
2. Activities to be included in the Arizona education plan include:
  - a. Organizing workshops for initial projects (such as results delivery);
  - b. Assisting in coordinating grant and funding opportunities with statewide, regional and local organizations;
  - c. Continuing to develop talent to serve as implementation leaders;
  - d. Supporting and exchanging industry knowledge such as lessons learned and best practices;
  - e. Assisting statewide, regional and local organizations in obtaining assistance from national experts;
  - f. Developing materials to assist communities/regions with getting started; and
  - g. Collaborating with other organization such as the state's Quality Improvement Organization (QIO) for additional educational resources

**Recommendation #10:** Develop a communications and marketing plan early in 2007 using models available from national organizations and other states; assign responsibilities related to the plan to the Operations staff, under the direction of the Statewide Health Information Exchange Advisory Group. Create opportunities for joint sessions with CEOs and CIOs of health care provider organizations as part of this communications plan.

### **III. Next Steps**

Once the implementation plan is approved, the Board can direct the creation of the new structure including review of Board composition and recruiting leaders and members for the committees. Immediate issues for attention include the development of the communications and marketing plans, research about legal issues associated with the governance structure, and research and reports about the findings and recommendations of the AHIC workgroups to inform the work of the Wisconsin eHealth committees.



## **Attachments**

**Attachment 1:** Grid of existing Wisconsin health information initiatives

WISCONSIN'S PRIVATE AND PUBLIC SECTOR HEALTH INFORMATION INITIATIVES	TYPE OF ORGANIZATION AND MISSION	2007	2008	2009	2010	2011
<b>1. WI Health Information Organization (WHIO)</b>	<p>Not for profit organization with public – private leadership on the board of directors</p> <p>Mission is to build a robust data repository from insurance claims to be used to measure cost and quality across episodes of care (RFP to be issued 9/06 to hire a vendor to build the data repository )</p>	<p>Data Repository established beginning 1/07</p> <p>Scope: 2005 &amp; 2006 incurred medical and pharmacy claims from member organizations – not to exceed 2 million lives per year</p> <p>Develop and implement internal benchmarks; data preparation of all 2005 &amp; 2006 data</p> <p>9/07 – first cost efficiency reports available to members</p> <p>12/07 public reporting begins</p> <p>4<sup>th</sup> quarter – begin expansion of scope</p>	<p>Begin marketing efforts to attract new members</p> <p>Expand scope of data repository by developing quality and process outcome measures to report from the administrative claims data</p> <p>2<sup>nd</sup> quarter 2007 - Implement automatic quarterly data loads</p> <p>7/08 - Cost efficiency, quality process outcome measures and comparison data reports available to members</p> <p>Develop RFP for</p>	<p>Continue marketing efforts</p> <p>Continue to expand scope of data repository</p> <p>Rebid contract to expand data beyond claims to lab, x-ray, other encounter data types, clinical outcomes, etc</p> <p>Enhance quality metrics by adding process measures that are not based on administrative data and clinical outcomes measures</p> <p>Prepare to blend the work of WHIO with the</p>		

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

WISCONSIN'S PRIVATE AND PUBLIC SECTOR HEALTH INFORMATION INITIATIVES	TYPE OF ORGANIZATION AND MISSION	2007	2008	2009	2010	2011
			vendor support	Collaborative in order to present a total picture of cost-efficiency, quality and value		
<b>2. Wisconsin Collaborative for Healthcare Quality (WCHQ)</b>	<p>A voluntary Consortium of organizations learning and working together to improve the quality and cost-effectiveness of health care for the people of Wisconsin.</p> <p>WCHQ will develop and publicly report measures of healthcare performance to drive improvement in care; design and promote quality improvement initiatives; and, advocate for enlightened policy which supports our work.</p>	<p><b>Measurement/Reporting</b>  BQI/QPIC – Tasks:</p> <ul style="list-style-type: none"> <li>➤ data collection/aggregation</li> <li>➤ performance measurement/reporting – expansion of scope</li> <li>➤ pay-for-performance</li> <li>➤ quality improvement (QI)</li> </ul> <p>WHIO/WCHQ Partnership</p> <p><b>Membership Growth/Retention</b></p>	<p>BQI/QPIC (same tasks continue through 10/08)</p> <p><b>Membership Growth/Retention</b>  Specialty/Small/Solo Practice Demonstration Project</p> <p>Organic membership growth</p> <p><b>Impact and Results</b>  Quality Improvement Initiatives</p>			

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

WISCONSIN'S PRIVATE AND PUBLIC SECTOR HEALTH INFORMATION INITIATIVES	TYPE OF ORGANIZATION AND MISSION	2007	2008	2009	2010	2011
		Specialty/Small/Solo Practice Demonstration Project  Organic membership growth  <b>Impact and Results</b> Quality Improvement Initiatives  <b>Research Portfolio</b> ("proof of concept")				
<b>3. Wisconsin Health Information Management Association</b>	Not-for-profit organization.  WHIMA's products and services provide guidelines for confidentiality of patient information, advance workforce excellence and foster best practices in health information management	<b>Strategy: Interoperability and Data Standards</b> <i>Tactic:</i> Identify leaders/players and those that WHIMA or AHIMA (parent organization) has a formal collaboration or relationship. <i>Tactic:</i> Inform members of the issues and the value/importance of	<b>Strategy: Membership Readiness</b> <i>Tactic:</i> Mobilize leaders and develop new leaders with membership; Map the skill transition needed more clearly <i>Tactic:</i> Understand the culture of the upcoming workforce <i>Tactic:</i> Work with HIM educators	<b>Strategy: Membership Readiness</b> <i>Tactic:</i> Inclusive membership for other professionals  <b>Strategy: Interoperability and Data Standards</b> <i>Tactic:</i> Data content standards		

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

WISCONSIN'S PRIVATE AND PUBLIC SECTOR HEALTH INFORMATION INITIATIVES	TYPE OF ORGANIZATION AND MISSION	2007	2008	2009	2010	2011
	<p><b>Objective:</b> Electronic Health Record Adoption</p> <p><b>Sub-themes:</b></p> <ul style="list-style-type: none"> <li>▪ Inter-operability and data standards</li> <li>▪ Membership Readiness</li> <li>▪ Workforce</li> </ul>	<p>Electronic Health Record adoption; Educational programming</p> <p><b>Tactic:</b> Identify members who are subject matter experts</p> <p><b>Strategy:</b>  <b>Membership Readiness</b>  <b>Tactic:</b> Educate and create a sense of urgency; Build awareness and understanding of Electronic Health Record; Targeted messaging  <b>Tactic:</b> Provide practice briefs and policy/protocol templates</p> <p><b>Strategy: Data Standards</b>  <b>Tactics:</b> Know the issues and be the</p>	<p>addressing school curriculum; Updated curriculum</p> <p><b>Tactic:</b> Update publications</p> <p><b>Tactic:</b> Board of Directors composition</p> <p><b>Tactic:</b> Identify changes needed either legislatively or regulatory</p>	<p><b>Tactic:</b> Collaborate on the revised definition of the legal medical record</p> <p><b>Strategy:</b>  <b>Workforce:</b>  <b>Tactic:</b> Recognition of advanced skills and achievements  <b>Tactic:</b> Assist HIM schools with recruitment for more HIM professionals</p>		

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

WISCONSIN'S PRIVATE AND PUBLIC SECTOR HEALTH INFORMATION INITIATIVES	TYPE OF ORGANIZATION AND MISSION	2007	2008	2009	2010	2011
		domain experts; Pull in professions with needed knowledge and skills; Provide educational programming <i>Tactic:</i> Advance Personal Health Record; Consumer education programs to drive acceptance				
<b>4. Development of Regional Health Information Organizations (RHIOs)</b>	Private sector leadership; some boards include public sector representatives  Mission generally is to create capacity for information exchange on a regional basis to improve quality and safety of healthcare					
<b>4a. Wisconsin Health Information Exchange</b>	Registration and claims record repository, emphasis on information support for	Expansion of repository linking to other safety net providers and link to	Expansion of results delivery and regional medication reconciliation	Implementation of decision support enhancements.	Further implementation of decision support	Registration and claims record repository, emphasis on

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

WISCONSIN'S PRIVATE AND PUBLIC SECTOR HEALTH INFORMATION INITIATIVES	TYPE OF ORGANIZATION AND MISSION	2007	2008	2009	2010	2011
<b>(WHIE) – 9 counties in southeast Wisconsin</b>	emergency medicine. Planning for results delivery and medication reconciliation systems.	public health surveillance systems. Results delivery system initial implementation. Regional medication reconciliation system initial implementation.	systems. Planning for decision support enhancements. System evaluation and business planning.	Planning for expansion to imaging. Expansion of user community. System evaluation and business planning.	enhancements. Implementation of imaging enhancements. Further expansion of user community. Return on investment studies.	information support for emergency medicine. Planning for results delivery and medication reconciliation systems.
<b>4b. Madison Patient Safety Collaborative – agent for providers in south central Wisconsin</b>	Likely to implement and go-live with data exchange in 2007. Data exchange would be for treatment purposes only using a peer to peer model. Software is provided by Epic.	Continued roll out of data exchange to communities surrounding Madison, WI.	sustain and roll out	sustain	sustain	sustain
<b>4c. Western Wisconsin / Minnesota discussions have begun</b>						
<b>Others?</b>						
<b>5. Purchaser initiatives for</b>	Both public and private sector initiatives that					

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

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<b>quality care</b>	<p>share goals for:</p> <p>Transparency  Use of quality and  safety standards  Reimbursing providers  Engaging consumers</p> <p><u>Private sector:</u>  WI Collaborative for  Healthcare Quality  The Alliance  Milwaukee Business  Group on Health</p> <p><u>Public sector:</u>  ETF  Medicaid payment  reform proposals</p> <p><u>Public-private  collaboration:</u>  WI Purchasers for  Healthcare Quality  (WEA Trust, FABO,  Alliance, ETF and  others)</p>					



eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

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<b>6. Provider initiatives for quality care</b>	Focus on chronic care management at Marshfield, Gundersen, Aurora, Dean and others					
<b>6a. Rural Wisconsin Health Cooperative</b>	RWHC is owned and operated by 30 small hospitals. Our mission is to meet community healthcare network needs through advocacy and high value shared services.	<p>Shared HIS: Finalize vendor selection for single vendor shared hospital information system.</p> <p>Shared HIS: Begin implementation planning for the shared system.</p> <p>Shared HIS: Assuming members determine to participate, RWHC and a subgroup of members begin implementation of a single vendor shared hospital information system. The hospital system will include a physician clinic practice</p>	<p>Shared HIS: Implementation plans for shared HIS have not yet been developed, but we anticipate 5-7 facilities fully implementing over a period of 4-6 years.</p> <p>Multi-vendor data exchange: Implementation ideas/ plans for multi vendor data exchange will be developed, reviewed, and decided upon in 2007.</p>	<p>Shared HIS: Implementation plans for shared HIS have not yet been developed, but we anticipate 5-7 facilities fully implementing over a period of 4-6 years.</p> <p>Multi-vendor data exchange: Implementation ideas/ plans for multi vendor data exchange will be developed, reviewed, and decided upon in 2007.</p>	<p>Shared HIS: Implementation plans for shared HIS have not yet been developed, but we anticipate 5-7 facilities fully implementing over a period of 4-6 years.</p> <p>Multi-vendor data exchange: Implementation ideas/ plans for multi vendor data exchange will be developed, reviewed, and decided upon in 2007.</p>	<p>Shared HIS: Implementation plans for shared HIS have not yet been developed, but we anticipate 5-7 facilities fully implementing over a period of 4-6 years.</p> <p>Multi-vendor data exchange: Implementation ideas/ plans for multi vendor data exchange will be developed, reviewed, and decided upon in 2007.</p>

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

WISCONSIN'S PRIVATE AND PUBLIC SECTOR HEALTH INFORMATION INITIATIVES	TYPE OF ORGANIZATION AND MISSION	2007	2008	2009	2010	2011
		<p>management and EMR component for associated physician practices. The plan is to standardize on vocabularies to allow for clinical information exchange between the shared HIS participants.</p> <p>Multi-vendor data exchange: Work to determine what types of regional data exchange projects to pursue between shared HIS vendor and other (referral centers) vendors.</p>				
<b>7. Association initiatives for quality care</b>						
<b>7a. Wisconsin Medical Society</b>	Private association Key initiatives include: --creation of a physician	Phase II-- Implementation of a physician demographics database.	Integrate physician demographic database with WHIO and WCHQ efforts.	Integrate efforts with CMS and national efforts.		

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

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	<p>demographics database – Phase I by end of 2006 vendor</p> <p>Mission: Improve the health of the people of Wisconsin by supporting and strengthening physicians' ability to practice high-quality patient care in a changing environment.</p> <p>Vision: Enable physicians to lead efforts with other health care partners to optimize health care delivery and ensure accessible, efficient, patient-centered quality care for all the people of Wisconsin.</p>	<p>Develop physician portal.</p> <p>Make data available publicly and where efficiency gains can be made</p>				
<b>7b. Wisconsin Hospital Association</b>	<b>CheckPoint</b> – Web-based, hospital-specific public reporting on 14 medical services	<ul style="list-style-type: none"> <li>Additional CheckPoint measures, including patient</li> </ul>	<ul style="list-style-type: none"> <li>Additional measures will be added to CheckPoint.</li> </ul>	<ul style="list-style-type: none"> <li>Additional measure will be added to CheckPoint.</li> </ul>		

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

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	<p>measures, 8 surgical services measures, and 5 error prevention measures.</p> <p><b>PricePoint</b> – Web-based, hospital-specific public reporting on inpatient charges, service utilization, and uncompensated care.</p> <p><b>Special Milwaukee Project</b></p>	<p>satisfaction.</p> <ul style="list-style-type: none"> <li>Outpatient pricing information for high volume services.</li> <li>Development of ER query for hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>PricePoint will include linkage to hospital-specific billing guidelines.</li> </ul>			
<b>8. MetaStar – Quality Improvement Organization (QIO) for Medicare in Wisconsin</b>	<p>MetaStar, Incorporated is a non-profit health care quality improvement organization (QIO) based in Madison, Wisconsin. Since 1973, MetaStar has been working to assure cost effective, quality health care based on extensive knowledge and</p>	<p>Medicare 8th Scope of Work</p> <ul style="list-style-type: none"> <li>Doctors Office Quality-Information Technology (DOQ-IT): Assist WI physician offices to adopt EHRs</li> <li>Systems Improvement Organizational</li> </ul>	<p>Medicare 8th Scope of Work</p> <ul style="list-style-type: none"> <li>Doctors Office Quality-Information Technology (DOQ-IT): Assist WI physician offices to adopt EHRs</li> <li>Systems Improvement</li> </ul>	<p>Medicare 9th Scope of Work (TBD)</p> <p>This work will most likely build on the 8th SOW along the IOM's six aims for health care</p>	<p>Medicare 9th Scope of Work</p> <p>This work will most likely build on the 8th SOW along the IOM's six aims for health care</p>	<p>Medicare 9th Scope of Work</p> <p>This work will most likely build on the 8th SOW along the IOM's six aims for health care</p>

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

WISCONSIN'S PRIVATE AND PUBLIC SECTOR HEALTH INFORMATION INITIATIVES	TYPE OF ORGANIZATION AND MISSION	2007	2008	2009	2010	2011
	<p>experience in the areas of quality improvement, data analysis, and cost containment. MetaStar's work is conducted under contract with the Centers for Medicare and Medicaid Services, the state of Wisconsin Medicaid program and private clients. Partnerships with Wisconsin physicians, health care providers, and health care organizations help MetaStar to achieve its mission — to effect positive change in the quality, efficiency and effectiveness of health care.</p> <p>MetaStar is also sponsor for the 100,000 Lives Projects, which is</p>	<p>Change (SIOC): Assist Wisconsin hospitals to adopt CPOE, bar coding and telemedicine</p> <ul style="list-style-type: none"> <li>Assist Wisconsin home health agencies to implement and or utilize telehealth</li> </ul> <p>MetaStar is contracted to recruit and work intensively with an identified group of providers in each of the above settings.</p>	<p>Organizational Change (SIOC): Assist WI hospitals to adopt CPOE, bar coding and telemedicine</p> <ul style="list-style-type: none"> <li>Assist WI home health agencies to implement and or utilize telehealth</li> </ul> <p>MetaStar is contracted to recruit and work intensively with an identified group of providers in each of the above settings.</p>			

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

WISCONSIN'S PRIVATE AND PUBLIC SECTOR HEALTH INFORMATION INITIATIVES	TYPE OF ORGANIZATION AND MISSION	2007	2008	2009	2010	2011
	enlisting thousands of leading health organizations across the country to disseminate improvement tools, with supporting expertise, throughout the health care system.					
<b>9. State policy initiatives</b>						
<b>9a. BadgerCare Plus</b>	Public program redesign underway to improve access to health care and reduce number of uninsured. Includes a focus on consumer empowerment, incentives for preventive care and shift in reimbursement to providers to purchase for results.  Application for Medicaid Transformation Grant	CMS approval expected 1/07	Program implementation 1/08 – expands coverage and simplifies administration.			

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

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	9/96 to help support development, implementation and evaluation for first two years (October 2006 – September 2008)					
<b>9b. Family Care expansion</b>						
<b>9c. Medicaid value-based purchasing</b>	<p>This initiative will build a partnership between Medicaid and the Wisconsin Collaborative for Healthcare Quality (WCHQ) to apply the lessons learned in the private sector about clinical quality measures, public reporting and pay for performance to Medicaid.</p> <p>Application for Medicaid Transformation Grant</p>	<p>Establish partnership agreement with the WCHQ</p> <p>Establish a population health baseline from Medicaid claims data</p> <p>Create data platform to apply the WCHQ clinical quality algorithms</p> <p>Develop policies for public reporting of data</p> <p>Develop policies for incorporating P4P in Medicaid</p>	<p>Continue to build the population health baseline</p> <p>Evaluate pilot data</p> <p>Incorporate public health data starting with Milwaukee area</p> <p>Seek appropriate approval of proposed reimbursement policies and begin implementation</p> <p>Report preliminary</p>			

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

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	9/96 to help support development, implementation and evaluation for first two years (October 2006 – September 2008)	reimbursement  Evaluate support needs for safety net provider reporting opportunities – WCHQ assessment and creation of pilot with Milwaukee FQHCs  Conduct research on eHealth education opportunities	research findings  Initiate research on the impact of WCHQ reporting on the quality of Wisconsin health care			
<b>9d. ETF value-based purchasing</b>						
<b>9e. Collaborative Diabetes Quality Improvement Project</b>	The Project included MetaStar, the Division of Health Care Financing, the majority of Wisconsin HMOs, and three other health systems. The Collaborative Project was established as a forum to: Evaluate	project expands to include the Wisconsin Arthritis, Asthma, and Comprehensive Cancer Control Programs				



eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

WISCONSIN'S PRIVATE AND PUBLIC SECTOR HEALTH INFORMATION INITIATIVES	TYPE OF ORGANIZATION AND MISSION	2007	2008	2009	2010	2011
	<p>implementation of the Essential Diabetes Mellitus Care Guidelines; Share resources, strategies and best practices; Improve diabetes care through collaborative quality improvement initiatives</p> <p>The continuing goal is to improve, through collaboration and sharing, the level of preventive diabetes care measures received statewide.</p>					
<b>10. State IT initiatives</b>						
<b>10a. Public Health Information Network (PHIN)</b>	<p>Public sector administration, linking public and private sectors</p> <p>Objectives are to improve and expedite</p>	<p>Wisconsin Electronic Disease Surveillance System (WEDSS) Pilot</p> <p>Full implementation of SAS Business Intelligence tools</p>	<p>WEDSS Implementation: This system will provide integrated surveillance and case management for reporting and</p>	<p>WEDSS: Replace existing reporting systems with WEDSS forms. Interface with SPHERE (maternal and</p>	<p>WEDSS: Continue implementing interfaces with related systems including SPHERE and</p>	

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

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	delivery of the public health response in case of a public health emergency or terrorist event and to provide a modern, state-of-the-art system for public health practice, surveillance, and service delivery		follow-up of Notifiable conditions and environmental events. Electronic reporting will be via Web entry and directly from laboratories	child health system).  PHIN: Continue technical improvements to meet PHIN certification requirements.	WIR (immunization registry). Conduct feasibility study for extracting reportable condition data from EHRs.  PHIN: Complete technical improvements to meet PHIN certification requirements.	
<b>10b. New Medicaid Management Information System (MMIS)</b>	Public sector support for Medicaid program administration	Full Implementation of MMIS  Implementation of Web Portals for Providers, Partners and Managed Care Organizations.  Access Wisconsin (Access to Eligibility Support Services for Health and Nutrition)	Implementation of MMIS for 3 County Home and Community Based Waivers and FamilyCare programs			

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

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		will become the primary client portal for information stored in the MMIS				
<b>10c. Use of photos for identify verification at DMV</b>						
<b>10d. Voter ID requirements</b>						
<b>11. Health Innovations Program (HIP)</b>	HIP is a program of the University of Wisconsin School of Medicine and Public Health; its mission is to facilitate clinical health services research that translates best / evidence into best practice in the community.	Implement health care quality research initiatives focused on linkages which allow the tracking of patients across multiple systems of care;  Nurture and expand research networks and partnerships with provider organizations and research clinicians to improve care processes				

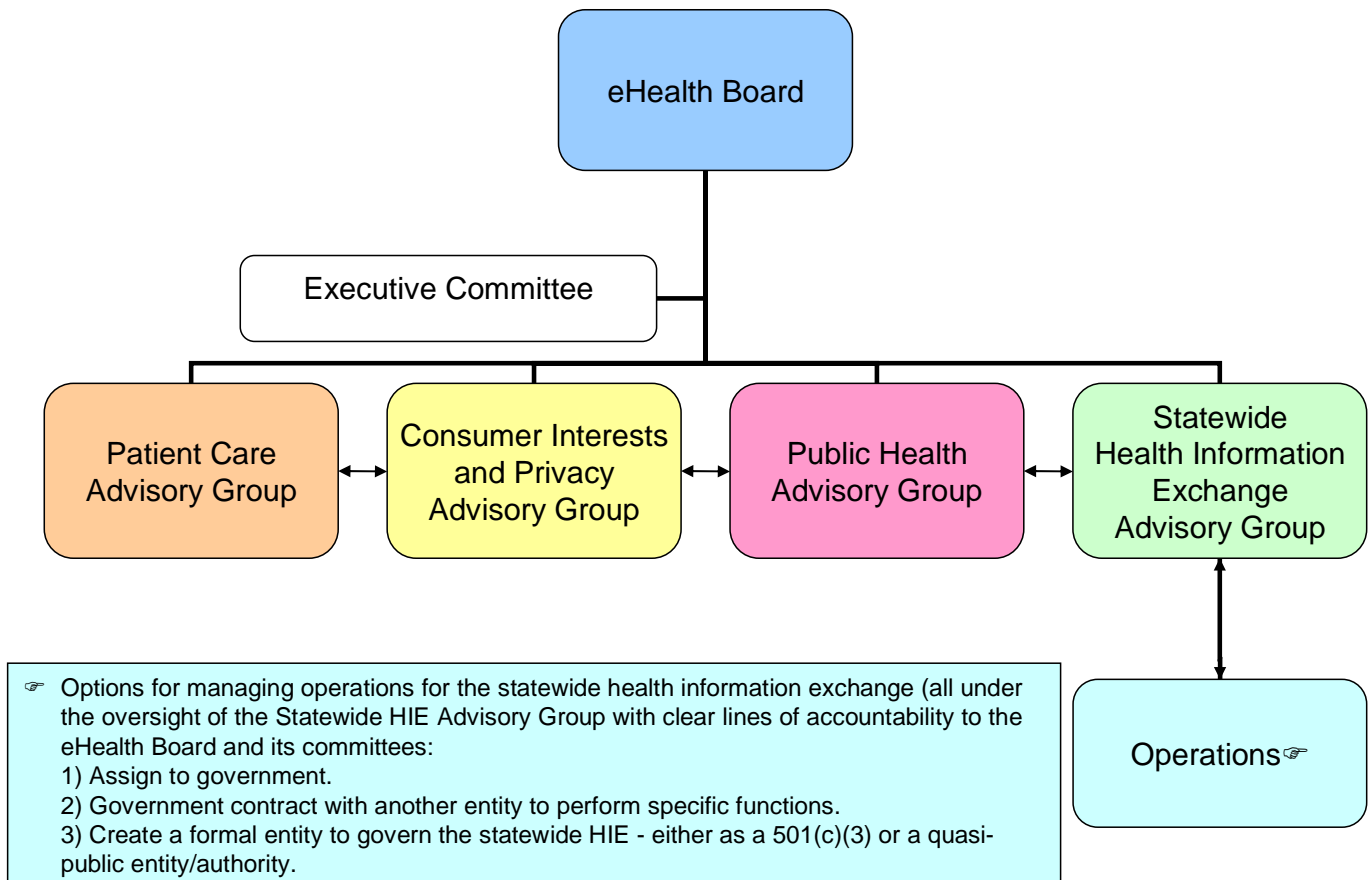
eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD  
Governance Workgroup  
Final Report November 7, 2006

WISCONSIN'S PRIVATE AND PUBLIC SECTOR HEALTH INFORMATION INITIATIVES	TYPE OF ORGANIZATION AND MISSION	2007	2008	2009	2010	2011
		Continue cross-system research initiatives				
<b>12. Safe Care Wisconsin: Medication Safety Project</b>	Led by MetaStar, Safe Care Wisconsin is a project to address the issue of medication reconciliation. This project is just beginning, and work has been done to identify the guiding principles and potential projects.	Defining the projects goals and guiding principles, and begin to work collaboratively to put them into action.				

**Attachment 2:** Detailed description of the proposed eHealth workgroups including this picture of the proposed governance structure

# eHealth Governance Proposal

September 22, 2006



# **eHealth Care Quality and Patient Safety Board**

## **Executive Committee Charter**

### **Charge**

- Lead and promote the development of secure, trusted, technically compatible statewide health information exchange (HIE) across organizations and regions.
- Advise DHFS or other state agency designated by the Governor and Legislature on the administration of state incentive funds (loans, grants, contracts) for private sector HIT/HIE.
- Direct the development of financing options for funding electronic health records in all size health care settings, to support regional health information exchanges and for the operation of a statewide public-private health information infrastructure.
- Coordinate assignments and activities across advisory groups.
- Assure that the Board and its committees take an incremental approach, growing slowly and carefully over time with frequent evaluation of progress.

### **Membership**

Advisory Group chairs  
eHealth Board chair

### **Assignments for 2007**

1. Provide leadership in the implementation of the *eHealth Action Plan*.
2. Advocate for the overall eHealth agenda of statewide health information technology and health information exchange.
3. Propose financing strategies for funding adoption of health information technology by health care providers, development of regional health information exchanges and for a statewide health information exchange including the appropriate roles of the public and private sectors.
4. Make recommendations for aligning financial incentives for adopting and maintaining health information technology and for regional and statewide health information exchange, including roles for payers.
5. Direct the development and implementation of a communications plan to keep all stakeholders informed about the eHealth initiative and expected benefits.

## **eHealth Care Quality and Patient Safety Board**

### **Patient Care Advisory Group**

#### **Charter**

#### **Charge**

- Identify efficient, cost-effective and helpful ways for clinicians to share information that enables patients to get the right care in the right way at the right time
- Design strategies to promote the adoption of electronic health records and decision support systems that are useful and used by clinical care providers as well as cost-effective for health care delivery systems
- Promote evidence-based medicine and quality improvement in health care organizations through better use of information
- Assure that products and processes are responsive to consumer interests

#### **Membership**

Clinicians in both small and large practices  
Consumer representatives  
Health care purchasers and payers including Medicaid  
Long term care providers  
Medical Schools  
Oral health care providers  
Pharmacy providers  
Public Health  
QIO  
RHIO representatives  
Technology companies  
Wisconsin Collaborative for Healthcare Quality  
Wisconsin Health Information Organization  
Wisconsin Hospital Association  
Wisconsin Medical Society

#### **Assignments for 2007**

1. Identify positive opportunities and barriers to wider adoption of electronic health information systems in all types of medical care settings.
2. Monitor statewide and nationwide developments on HIT and HIE including the work of the American Health Information Community (AHIC) to assure that Wisconsin is poised to act as national standards and prototypes are readied and to align activities across the significant health information initiatives that are underway or that will develop in Wisconsin.
3. Recommend strategies to take advantage of opportunities and overcome barriers to foster statewide adoption.

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD

Report of the Governance Workgroup

November 1, 2006

4. Develop recommendations for specific strategies to use in Wisconsin to give clinicians, patients and others relevant information that helps them make better decisions, prevent errors and improve care quality and outcomes – including assessment of guidelines, alerts, order sets, tools to interpret patient data and interoperability.
5. Assess and recommend strategies to align the health information initiatives underway or planned in Wisconsin that have the goal of quality improvement in health care organizations through better use of information and information technology.
6. Monitor the patient care components of the *eHealth Action Plan*; assess and report on progress annually.



## **eHealth Care Quality and Patient Safety Board**

### **Consumer Interests and Privacy Advisory Group Charter**

#### **Charge**

- Ensure that eHealth initiatives are consumer-focused.
- Develop and monitor the implementation of recommendations for serving consumer health information needs including ensuring privacy and security in the use of electronic health records within organizations and in the exchange of information from these systems.
- Ensure that electronically accessible health information is clear and useful to consumers.
- Understand consumer expectations regarding electronic health data exchange and identify desired outcomes and options to meet them so that consumers are well prepared to manage their own health care and to advocate for themselves as they use health care services and to support mutual accountability for health.
- Oversee the activities required by the state's contract with RTI for the Health Information Security and Privacy Collaboration.

#### **Membership**

AARP

Clinicians in both small and large practices

Consumer representatives

Health care purchasers and payers including Medicaid

HIPAA COW

Medical Schools

Patient advocates

Public Health

QIO

RHIO representatives

Safety net providers

Technology companies

Wisconsin Collaborative for Healthcare Quality

Wisconsin Health Information Management Association

Wisconsin Health Information Organization

Wisconsin Hospital Association

Wisconsin Medical Society

#### **Assignments 2007**

1. Oversee the work of the Health Information Security and Privacy Collaboration and review and approve content of all reports to RTI:
  - a. Interim Reports of Solutions (due 12/11/06)
  - b. Interim Implementation Plans (due 1/15/07)
  - c. Final Assessment /Analysis of Solutions (due 3/30/07)
  - d. Final Implementation Plans (due 3/30/07)

2. Define recommended guidelines and real-world examples that clarify how data sharing can balance the requirement to protect patient privacy and system security with the need to share information to improve patient-centered care.
3. Develop policy statements and recommendations that empower consumers to manage their own health, health care and health information.
4. Develop recommendations for action that will prevent breaches of privacy, security, or confidentiality of patient health information, within organizations and in the exchange of information among organizational systems, as well as remedies for any breaches that occur.
5. Monitor statewide and nationwide developments on HIT and HIE including the work of the American Health Information Community (AHIC) to assure that Wisconsin is poised to act as national standards and prototypes are readied and to align activities across the significant health information initiatives that are underway or that will develop in Wisconsin.
6. Develop specific mechanisms to accommodate patient concerns and complaints related to health information exchange.
7. Build understanding of, and support for, health information exchange among consumers and physicians including for professional and public education campaigns.
8. Develop specific recommendations to accommodate patient concerns and complaints related to health information exchange.
9. Develop policy statements and recommendations regarding use of health information for purposes other than treatment (e.g., patient safety initiatives, quality improvement, health care operations, payment, law enforcement, etc.).
10. Guide implementation of the consumer interests and privacy components of the *eHealth Action Plan*; assess and report on progress annually.

## **eHealth Care Quality and Patient Safety Board**

### **Public Health Advisory Group Charter**

#### **Charge**

- Establish biosurveillance capabilities for rapid outbreak detection, management, and recovery.
- Provide medical informatics – population health expertise and support to the eHealth Board.
- Assure interoperability of HIE/HIT with Wisconsin's Public Health Information Network (PHIN).
- Enhance and facilitate the use of patient care data for appropriate public health disease surveillance, outbreak detection, trending and health protection efforts.
- Link the medical information to public health information initiatives in ways that are effective and efficient for both health care delivery and public health.

#### **Membership**

Clinicians in both small and large practices  
Consumer representatives  
Health care purchasers and payers including  
Medicaid  
Medical Schools  
Public Health  
RHIO representatives

QIO  
Technology companies  
Wisconsin Collaborative for Healthcare  
Quality  
Wisconsin Health Information Organization  
Wisconsin Hospital Association  
Wisconsin Medical Society

#### **Assignments for 2007**

1. Develop eHealth operational requirements for public health practice and population health improvement.
2. Monitor statewide and nationwide developments on HIT and HIE including the work of the American Health Information Community (AHIC) to assure that Wisconsin is poised to act as national standards and prototypes are readied and to align activities across the significant health information initiatives that are underway or that will develop in Wisconsin.
3. Provide recommendations to support research at the medical schools, with a focus on:
  - a. Clinical decision support
  - b. Business intelligence / quality and safety improvement
  - c. Phase II Translational Research (i.e., rapid diffusion of evidence-based clinical practice into routine care)
  - d. Population health informatics support of patient-care-based primary, secondary, and tertiary prevention interventions

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD

Report of the Governance Workgroup

November 1, 2006

- e. Public health practice transformation
  - f. Personal health / PHRs
  - g. Medical research (e.g., clinical trials, health services research, etc.)
- 4. Monitor the public health components of the *eHealth Action Plan*; assess and report on progress annually.

**eHealth Care Quality and Patient Safety Board**  
**Statewide Health Information Exchange Advisory Group**  
**Charter**

**Charge**

- Oversee the development and implementation of a technical infrastructure for regional health organizations and for statewide health information exchange that meets clinical care requirements and will support the federal initiative of interoperable, real-time electronic health data exchange based on national standards.
- Identify options and develop strategies to leverage public and private resources.
- Oversee the operations of the statewide health information exchange.

**Membership**

Consumer representatives  
Health care purchasers and payers including Medicaid  
Long term care representatives  
Medical Schools  
Pharmacy representatives  
Public Health  
Oral health care providers  
QIO  
Regional Health Information Organization (RHIO) representatives  
State CIO  
Technology companies  
Wisconsin Collaborative for Healthcare Quality  
Wisconsin Health Information Organization  
Wisconsin Hospital Association  
Wisconsin Medical Society

**Assignments for 2007**

1. Finalize recommendations on architectural requirements.
2. Identify a minimum set of standards to support recommendations and an initial set of business opportunities for the advancement of HIT.
3. Monitor and coordinate with the Nationwide Health Information Network pilot program, related HITSP interoperability, AHIC workgroups and use cases and other national efforts that may influence ongoing HIE technology planning and implementation.

## eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD

### Report of the Governance Workgroup

November 1, 2006

4. Identify and promote use of appropriate existing state information technology assets to increase the value of information exchange for both private and public sector health care delivery.
5. Continue discussion on the role of the patient in accessing his/her own health information.
6. Determine how e-prescribing promotion can help accelerate broader HIT adoption in the ambulatory care setting.
7. Prioritize the use cases developed by the Patient Care Workgroup that would have the most impact on safe, high-quality health care and create technical requirements for their implementation.
8. Recommend policies and practices to promote availability of health information across medical care settings that can be promoted short-term, before full deployment of interoperable, real-time data exchanges are feasible.
9. Oversee development and implementation of an annual assessment of the adoption of HIT by health care providers, of the creation and scope of regional exchanges and of state technical infrastructure resources.
10. Establish criteria for a qualitative analysis of the HIT density indicator, such as level of system adoption, and expand the HIT Density Study done in 2006 to include:
  - a. Additional HIT systems
  - b. All Wisconsin hospitals
  - c. Out-of-state hospitals
  - d. A determination of the status of HIT linkages between hospitals and public health systems such as immunization registries
11. Oversee Statewide Health Information Exchange Operations including:
  - a. standards and policy development and implementation
  - b. coordination of regional health information exchanges
  - c. creation of governance and policy and technical framework needed for successful health information exchange
  - d. administration of funding opportunities and the overall eHealth budget
  - e. communications with stakeholders about HIT/HIE policies and opportunities
12. Monitor the health information exchange components of the *eHealth Action Plan*; assess and report on progress annually.

## **eHealth Care Quality and Patient Safety Board**

### **Statewide Health Information Exchange Operations Charter**

#### **Charge**

- Convene, educate and facilitate public and private health information initiatives.
- Administer funding, if public funds are provided.
- Remove barriers to health information exchange (HIE).
- Oversee technology operations.
- Set statewide HIE policy and standards.
- Align health information initiatives within state government.
- Represent the interests of all citizens.
- Provide technical assistance to local HIE efforts.
- Serve as bridge to National Health Information Network (NHIN) and other states.
- Monitor developments with the many public and private health information initiatives underway to identify opportunities for collaboration and to minimize redundancy

#### **Organizational options**

1. Assign to government
2. Government contract with another organization to perform these functions
3. Establish an independent organization such as a public – private nonprofit or a quasi-public authority

#### **Assignments for 2007**

1. Develop and update information on current use of electronic health records and data exchange activities in Wisconsin for the annual report to the Governor.
2. Create and implement a communications and marketing plan that conveys accurate and useful information about the electronic health initiative that uses existing communication channels, creates new channels as needed and presents information in a timely and efficient manner.
3. Supervise staff working on eHealth initiatives.
4. Administer eHealth operating budget and any public funds appropriated to support HIT/HIE.
5. Provide staff support to eHealth Board and advisory groups.
6. Direct the staff working on the Health Information Security and Privacy Collaboration (to 3-30-07).

eHEALTH CARE QUALITY AND PATIENT SAFETY BOARD

Report of the Governance Workgroup

November 1, 2006

7. Seek funding opportunities and write grants.
8. Administer contracts with other entities to support eHealth work.
9. Monitor national developments and report on relevant activities to the eHealth Board and advisory groups.